

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Initial Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. County of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Gender

☐ Male ☐ Female

4. Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

5. Assessments of Functioning

a. Current Global Assessment of Functioning (GAF) Score

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

7. For Female Adult SA individual:

Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum? ☐ Y ☐ N

8. Is this consumer also a TASC client?

☐ Y ☐ N

9. For Adult SA individual:

Is this consumer receiving or expected to receive methadone treatment? ☐ Y ☐ N → (skip to 10)

b. What is the current methadone dosage?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 mg (enter zero, if none and skip to 10)

c. For dosage level of Methadone greater than zero:

Please describe the current methadone dosing:

☐ Induction ☐ Stabilization ☐ Taper

Begin Interview

10. Are you of Hispanic, Latino, or Spanish origin?

☐ Y ☐ N

11. Which of these groups best describes you?

☐ African American/Black

☐ Alaska Native

☐ White/Anglo/Caucasian

☐ Asian

☐ Multiracial

☐ Pacific Islander

☐ American Indian/Native American

☐ Other

12. What kind of health/medical insurance do you have?

(mark all that apply)

☐ None

☐ Medicaid

☐ Private insurance/health plan

☐ Medicare

☐ TRICARE/Military Coverage

☐ Other

☐ Health Choice

☐ Unknown

13. In the past 3 months, what best describes your employment status? (mark only one)

☐ Full-time work (working 35 hours or more a week) → (skip to 14)

☐ Part-time work (working less than 35 hours a week) → (skip to 14)

☐ Unemployed (seeking work or on layoff from a job) → (skip to 14)

☐ Not in labor force (not seeking work)

b. If not seeking work, what best describes your current status?

(mark only one)

☐ Homemaker

☐ Incarcerated (juvenile or adult facility)

☐ Student

☐ Institutionalized

☐ Retired

☐ None of the above

☐ Chronic medical condition which prevents employment

14. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

15. In the past year, how many times have you moved residences?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (enter zero, if none and skip to 16)

b. What was the reason(s) for your most recent move?

(mark all that apply)

☐ Moved closer to family/friends

☐ Moved to nicer or safer location

☐ Needed more supervision or supports

☐ Moved to location with more independence, better access to activities and/or services

☐ Could no longer afford previous location or evicted

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Initial Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>s)

- 16. In the past 3 months, where did you live most of the time?**
- ☐ Homeless ☐ Residential program
→ (skip to 17)
- ☐ Temporary housing ☐ Facility/Institution
→ (skip to 17)
- ☐ Private or permanent residence ☐ Other → (skip to 17)
→ (skip to 17)
- b. If homeless, please specify your living situation most of the time in the past 3 months.
- ☐ Sheltered (homeless shelter)
- ☐ Unsheltered (on the street, in a car, camp)

- 17. How long has it been since you last visited a physical health care provider for a routine check up?**
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

18. Females only: Are you currently pregnant?

- ☐ Y ☐ N ☐ Unsure
(skip to 19) (skip to 19)
- b. How many weeks have you been pregnant?
- c. Have you been referred to prenatal care? ☐ Y ☐ N
- d. Are you receiving prenatal care? ☐ Y ☐ N

19. For Female Adult SA individual:

- Do you have children under the age of 18?** ☐ Y ☐ N → (skip to 20)
- b. Do you have legal custody of all, some, or none of your children?
- ☐ All → (skip to e) ☐ Some ☐ None
- c. Does DSS have legal custody of all, some, or none of your children?
- ☐ All → (skip to g) ☐ Some ☐ None
- d. Are you currently seeking legal custody of all, some or none of your children? ☐ All ☐ Some ☐ None
- e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?
- ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
- f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?
- ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
- g. In the past year, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to 20)
- g-2. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA
- h. Was your admission to treatment required by Child Welfare Services of DSS? ☐ Y ☐ N

20. In the past 3 months, how often did you participate in ...

- a. positive community/leisure activities?
- ☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
- ☐ Never ☐ A few times ☐ More than a few times

21. For Adult MH only individual:

In the past year, have you used tobacco or alcohol?

- ☐ Y ☐ N

22. For Adult MH only individual:

In the past year, have you used illicit drugs or other substances?

- ☐ Y ☐ N → (skip to 24 if 'No' is answered on both questions 21 and 22)

23. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Initial Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>)

24. For Adult SA individual:

If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- ☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

25. For Female Adult SA individual:

If ever, when have you participated in any of the following activities without using a condom?

had sex with someone who was not your spouse or primary partner [or]

knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

- ☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

26. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ☐ Never
☐ A few times
☐ More than a few times
☐ Deferred

27. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

- ☐ Never
☐ A few times
☐ More than a few times
☐ Deferred

28. For Female Adult SA individual:

If ever, when have you been forced or pressured to do sexual acts?

- ☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

29. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

- ☐ Never ☐ A few times ☐ More than a few times

30. In your lifetime, have you ever attempted suicide?

- ☐ Y ☐ N

31. In the past 3 months, how often have you had thoughts of suicide?

- ☐ Never ☐ A few times ☐ More than a few times

32. For Adult SA individual:

In your lifetime, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter zero, if none and skip to 35)

33. For Adult MH individual:

In the past year, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter zero, if none and skip to 35)

34. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter zero, if none)

35. Are you under the supervision of the criminal justice system? (adult or juvenile)

- ☐ Y ☐ N

36. For Adult SA individual:

In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)?

(enter zero, if none)

37. In the past 3 months, have you...

a. had telephone contacts to an emergency crisis facility?

- ☐ Y ☐ N

b. had visits to a hospital emergency room?

- ☐ Y ☐ N

c. spent nights in a medical/surgical hospital? (excluding birth delivery)

- ☐ Y ☐ N

d. spent nights homeless? (sheltered or unsheltered)

- ☐ Y ☐ N

e. spent nights in detention, jail, or prison? (adult or juvenile system)

- ☐ Y ☐ N

38. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?

- ☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

39. How well have you been doing in the following areas of your life in the past year?

- | | Excellent | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or significant others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Did you receive a list or options, verbal or written, of places to receive services?

- ☐ Yes, I received a list or options
☐ No, I came here on my own
☐ No, nobody gave me a list or options

41. Was your first service in a time frame that met your needs?

- ☐ Y ☐ N

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Initial Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

42. Did you have difficulty entering treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

43. What services in any of the following areas are important to you? (mark all that apply)

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Child care
- ☐ Medical care
- ☐ Legal issues

44. In the past month, how would you describe your mental health symptoms?

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

End of interview

**Enter data into web-based system:
<http://www.ncdhs.gov/mhddsas/nc-topps>**

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Motor skills disorders (315.40)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Conduct disorder (312.80)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Disruptive behavior (312.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)